



***2018-2019 HOSPITAL PREPAREDNESS
PROGRAM (HPP) FOR HEALTHCARE
COALITIONS (HCC) WORK PLAN
GUIDANCE DOCUMENT***

***2017-2022 HPP – PHEP COOPERATIVE AGREEMENT, BUDGET PERIOD 1
SUPPLEMENTAL***

VERSION- DRAFT 2.2.3

July 10, 2018

PREPAREDNESS PROGRAM, BUREAU OF COMMUNITY HEALTH SYSTEMS, KDHE
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1. Executive Summary

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 1 Supplemental (BP1 SUPP) for the period of 2018-2019. Under the administrative authority of the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary of Preparedness and Readiness (ASPR), this budget period is considered as a supplemental to Budget Period 1 (BP1) and includes additional requirements originally scheduled for Budget Period 2 (BP2) to be completed. Information provided to the KDHE Preparedness Program indicates that this will be the final year of a combined cooperative agreement with future budget periods being separate but will continue to be aligned. The HPP will continue to focus on the development and maturation of Health Care Coalitions (HCCs) as part of BP1 SUPP and following years. As the cooperative agreement awardee, KDHE will continue to make diligent efforts to help assure that work plan items for HCCs are within the cooperative agreement requirements, aligned with local public health department activities, and emergency management practices.

1.1 General Sub-Awardee Information

The following information is provided to all preparedness program participants. Please reference this information as needed:

1. When submitting any documentation, ensure that the agency name and a point of contact are included within the body of the email so that proper credit is awarded. If submitting information for more than one agency, provide the information noted above for each entity.
2. Deadlines are set as outlined in the work plans and will not be extended. The established dates allow the maximum time needed to complete the activity by the sub-awardee and allow KDHE Preparedness to review and request revisions if needed.
3. Work plan items completed prior to the designated deadlines may be submitted to the KDHE.preparedness@ks.gov email address. In the email header, please note the work plan item number and task being submitted. All submitted documents must be dated.
4. The following statement must appear on ***ALL*** publications created that are related to this cooperative agreement. This applies to all documents, educational materials, deliverables, and related supporting information:

“This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.”

1.2 Sub-Awardee Submission Requirements

Affidavits of Expenditures (AOEs) and Work Plan Progress Reports are due:

- **Quarter 1** (July 1, 2018 – September 30, 2018) – due October 15, 2018
- **Quarter 2** (October 1, 2018 – December 31, 2018) – due January 15, 2019
- **Quarter 3** (January 1, 2019 – March 31, 2019) – due April 15, 2019
- **Quarter 4** (April 1, 2019 – June 30, 2019) – due July 15, 2019

Sub-awardees will be required to submit their AOE's using the *KDHE Affidavit Form*. Preparedness Program staff will review affidavits to ensure allowable items are being purchased. KDHE Fiscal Management will review for error/accuracy and verify that funding is being used as allocated. Payments will only be made after the Preparedness Program approves payment, which will not occur until the quarterly work plan progress report has been submitted to KDHE. Payments will be made by either electronic deposit or a paper check will be sent via mail. If funding has been exhausted before the fourth reporting quarter, sub-awardees must still submit affidavits of expenditure each reporting period even if the fields are zero.

1.3 Budgetary Information

All changes to the approved budget **must be approved** by KDHE Preparedness **before** the expenditure is made. To approve a change, KDHE Preparedness will need the following information:

- The amount of the expenditure and what percentage of change was made to the total budget.
- The justification for the expenditure (must be tied to a capability or work plan activity).
- Projected date of the expenditure (trainings and equipment).

Budgetary changes 25% or ***greater*** or the addition of any new activity to a sub-awardee budget will require the submission of a revised budget. This requirement includes trainings, equipment purchasing, and activities associated with the contracted work plan.

Example 1 would be a case where the sub-awardee would need to submit a revised budget because the activity was not in the original budget:

- **Example 1-** The current submitted budget did not include any contracted services. The sub-awardee is now requesting approval to employ a contractor to assist with un foreseen services.

Example 2 would be a case where the sub-awardee would not need to submit a revised budget because it is for an existing budget activity:

- **Example 2-** The budget included training for three staff members to attend at one location. Changes in the training now have it being conducted at another location and the sub-awardee has indicated there will four not three attending.

If the accumulative change to the budget remains under 25%, a budget revision will not be required. KDHE Preparedness will provide a template for the sub-awardee to use when a complete revision is **not** necessary.

All work plan progress reports and all reporting deliverables are to be submitted via email to KDHE.Preparedness@ks.gov.

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HCC Documents can be found at: <http://www.kdheks.gov/cphp/hcc.htm>

1.4 Sub-Awardee Meals, Travel, and Lodging Information

Preparedness funds may be utilized to support travel for sub-awardee work plan related activities. To assure consistency, KDHE will provide reimbursement for hotels and per diem for overnight travel consistent with applicable GSA rates for the destination. Maximum lodging and per diem rates (Meals and Incidental Expenses) can be located at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. For all travel, departure and arrival times will be required for per diem calculation. All travel must be associated with a work plan activity approved by KDHE Preparedness Program prior to the travel dates.

For single day meal allowance must meet the following criteria:

- The travel is supported by an associated work plan activity and the individual's work day is extended for three hours or more beyond the normal work day.
- The destination of travel must be 30 or more miles away from the individual's work station.
- KDHE Preparedness Program must provide prior approval to the individual including individual's work station, destination, and estimation of work day length.

<i>Reimbursement % of daily per diem</i>		
Breakfast	12:00 am to 11:00 am	15%
Lunch	11:01 am to 4:00 pm	35%
Dinner	4:01 pm to 11:59 pm	50%

Table 1

Hotel rates and travel rates can also be referenced at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. In all cases, hotel pricing should be completed using this GSA resource first. If the hotel is not available at the GSA rate due to being unavailable, the maximum lodging allowed for the traveler is reimbursed for single occupancy only and must be pre-approved by KDHE Preparedness. If pre-approval is not obtained, then reimbursement will be at the GSA rate. No allowance for any tips is included within this rate. Taxes associated with lodging shall be reimbursed in addition to the established lodging expense limitation:

<i>Standard Lodging Rates after GSA</i>	
Standard Daily Lodging Rate	\$91.00
Conference Lodging qualified under <i>K.A.R. 1-16-18a*</i>	Actual

*Actual conference lodging may be paid without limit if approved by KDHE in advance of the need.

Table 2

1.5 Training Guidance and Approval

To ensure that training is being conducted in a manner that supports the activities of the contracted work plan and be tied back to a capability, all additional trainings that are conducted by the sub-awardees will need to undergo approval by KDHE Preparedness prior to the training being scheduled. All sub-awardees must utilize *Kansas' Online Learning Management System, Kansas Trainingfinder Realtime Integrated Network* (KS-Train), as the primary registration platform for all trainings and exercises financed with preparedness funds provided pursuant to this agreement.

1.5.1 Course Approval Process

The following will be completed with each course that is scheduled by the sub-awardees:

1. A scheduled course request will need to be submitted to the Training Coordinator no later than **30 days** before the scheduled course date. The course outline will need to include the following:
 - a. Course overview
 - b. Domain, capability, function or performance measure for justification
 - c. Maximum number of attendees (projected)
 - d. Training budget, including list of required training materials
 - e. Number of training sessions and projected dates
2. If the requested training was not included in the sub-awardee's annual budget, a revised budget will need to be submitted to KDHE Preparedness at the time the course outline and training materials listing is submitted.
3. Per the contract, all contracts for vendors, speakers, and consultants will need to be approved by KDHE Preparedness prior to the submission of the course outline.
4. As a reminder if the same training is available in KS-Train at no cost, KDHE Preparedness will reject the requested course and refer the sub-awardee to the existing course.

1.5.2 Course Reporting Process

The course reporting requirements identified below will need to be provided to KDHE Preparedness no later than **5 business days** after the training is completed. Note: this information will be used to supplement the information that is required by KS-Train and will be used to help develop other trainings during future work periods. This enhanced level of reporting is also needed to satisfy KDHE Preparedness's reporting requirements to the federal stakeholders.

The following information will be provided to KDHE Preparedness:

1. Attendee sign-in sheets
2. Finalized expenditure report (course specific)

1.6 Compliance Statement

Under KDHE Preparedness Program's monitoring program, the *Preparedness Cooperative Agreement Compliance Program, Compliance in Real Time* (PCACP-CRT), the identified work plan outputs and outcomes found in this guidance document will be provided to KDHE Preparedness either by their established due dates or as part of the contract mandated quarterly reporting requirement. KDHE Preparedness Compliance will review all submitted work plan documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. The Compliance Coordinator will notify sub-awardees of any findings that were discovered during these reviews, outlining the nature of the finding, explaining what action is needed to correct the finding, and the date the action needs to be completed and then validated by KDHE Preparedness Compliance.

Under this same mandate, KDHE Preparedness can ask for supplemental information or outcomes, either to satisfy requests for enhanced reporting from the state's federal partners or to provide further confirmation by the sub-awardee of the completion of a work plan activity. The sub-awardees are responsible for providing all outcomes to KDHE Preparedness, on-time and complete, to receive proper credit for activity completion.

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1.7 HCC Contact Information

The following is a listing of the Healthcare Coalition (HCC) Coordinators who presently represent the seven HCCs within the state. Their point of contact information is also provided:

Kansas City Metro Healthcare Coalition	Steve Hoeger	ksmetrohcc@gmail.com
North Central Healthcare Coalition	(PENDING)	(PENDING)
Northeast Healthcare Coalition	Danielle Marten	nekshcc@outlook.com
Northwest Healthcare Coalition	(PENDING)	(PENDING)
South Central Healthcare Coalition	(PENDING)	(PENDING)
Southeast Healthcare Coalition	Fred Rinne	SEKHCC@twinmounds.com
Southwest Healthcare Coalition	Karen Lockett	karenlockett@centura.org

Table 3

1.8 Regional PHEP Contact Information

The following is a listing of the Regional PHEP Coordinators who presently represent the fifteen public health regions within the state. Their point of contact information is also provided:

Central Kansas Region	Jason Tiller	jason.tiller@sschd.org
East Central Kansas Public Health Coalition	Carl Lee	clee@coffeyvilleks.org
Kansas City Area Coalition 15	Stephen Maheux, MPH	stephen.maheux@joco.org
Kansas South-Central Metro	Thomas Langer	langert@cowleycounty.org
Lower 8 of Southeast Kansas	Lee Miller	lthkamiller@gmail.com
North Central Kansas Public Health Initiative	Sherry Angell	angell.sherry@gmail.com
North West Bioterrorism Region	Michelle Billips (Interim)	mbillips@grahamcountyhealth.com
Northeast Corner Regional Initiative	Quinton Unruh	quinton.unruh@sncos.org
South Central Coalition	Virginia Downing	coats1960@gmail.com
Southeast Kansas Multi-county (SECMC)	Susan Belt	susanannbelt@gmail.com
Southwest Kansas Health Initiative	Richard Everett	richard@swkhi.org
Southwest Surveillance	Virginia Downing	coats1960@gmail.com
West Central Public Health Initiative	Cindy Mullen	cmullen@wcphi.onmicrosoft.com
Western Pyramid Public Health Region	Richard Everett	richard@swkhi.org
Wildcat Region	Andrew Adams (Interim)	aadams@rileycountyks.gov

Table 4

1.9 Budget Period Insights

At this time, it is not known what changes the CDC-ASPR plan on making beyond what is already known from this budget period's supplemental documentation. It is known that this supplemental budget period represents the final year of a combined cooperative agreement project period. What is not fully known is whether the current project period will continue with major changes applied to the programs or if a new project period will be started. As always, KDHE Preparedness will continue to provide information regarding any changes made at the federal level to the program's sub-awardees and various other external stakeholders.

1.9.1. Carry-over Activities

At this time, Budget Period 1 Supplemental will not contain any carry over activities from Budget Period 1. There are numerous activities that have been identified as being annual review activities. These will include but will not be limited to the Coalition Surge Test, Redundant Communications Drills, and HAVeBED Drills.

1.9.2. Benchmark Activities

At this time, the Budget Period 1 Supplemental will include the following benchmark activities that are tied to the capabilities identified by the FOA and listed in the work plan:

1. **Item 3-** Each HCC will develop and submit a *HCC Response Plan* using the KDHE provided HCC Response Plan Template.
2. **Item 4-** The HCCs will utilize de-identified EMPOWER data and information from *Agency for Toxic Substance and Disease Registry Social Vulnerability Index* to inform their planning efforts.
3. **Item 5-** The Healthcare Coalition Coordinator with input from the HCC Executive Team will update forms 1-4 NLT and/or upload all required information into the Coalition Assessment Tool (CAT).
4. **Item 6-** The HCC will complete an annual *HVA* to identify and plan for risks.
5. **Item 7-** Each HCC will complete a *Resource Assessment* and provide a copy to KDHE.
6. **Item 9-** Each Healthcare Coalition must participate in an annual *Healthcare Coalition Surge Test* utilizing the ASPR developed Coalition Surge Test Tool.

2. HPP Work Plan Requirements

The work plan for this budget period contains familiar and new activities to complete. In general, this year is considered a continuation to budget period 1 (2017-2018) due to changes that are going to be purposed for what will be considered budget period 3 (BP 1701-03). The source materials will be the *2017-2022 HPP – PHEP Cooperative Agreement Grant*, the *2017-2022 HPP Performance Measures Implementation Guidance*, the *2017-2022 Health Care Preparedness and Response Capabilities* document as well as various other supporting documents that were provided for the execution of the contracted activities. (please refer to the Reference appendix for details)

2.1 Work Plan Overview

The following is an activity-by-activity breakdown of the HPP work plan for the 2018-2019 budget period. The programmatic task descriptions and notes seen within each block notate how the information appears within the work plan. The provided information regarding how to accomplish the work plan activity, additional supporting information about the activity, or additional reporting requirements for each work plan item will be addressed below each activity block. **Bolded information** or information that appears in **red** will notate critical information that either needs to be further validated with supporting documents, provide additional attendance confirmation, or identifies a deadline that needs to be met to receive the credit for the activity's completion. Finally, the compliance requirements will provide the sub-awardee with the specific information that will be required for reporting validation of the work plan activity.

The work plan activities are as follows:

Item 1

Description of Task:

The Healthcare Coalition will host a minimum of quarterly meetings of the regional healthcare coalition to continue development of essential partner/core memberships from the region's healthcare organizations and response partners, share planning resources and best practices, share interagency and interdisciplinary training opportunities and share interagency and interdisciplinary exercise and evaluation opportunities.

- Meetings must be set up in KS-Train for required registration.
- Healthcare Coalition must make provisions for members to attend via conference call or webinar and document the participants of each meeting.
- Within **7 business days**, following the date of the meeting, a draft of the meeting minutes must be provided to all members and **KDHE**.
- Record distribution of the meeting notes/minutes on the KDHE TA form.
- Healthcare Coalition must extend an invitation to each county emergency manager and local public health department within their HCC geographic region to participate in the HCC; shall provide a list of contacted agencies to KDHE preparedness along with the quarterly work plan.
- Healthcare Coalition will provide a comprehensive list of current coalition members to KDHE Preparedness Program by **September 30, 2018**.
- Healthcare Coalition will provide an updated list of coalition members to KDHE Preparedness Program by **June 1, 2019**.
- Healthcare coalition will verify core membership. Core members are defined as: Hospitals (Minimum of 2 acute care hospitals), EMS, Emergency Management organizations and Public Health agencies.
- HCCs must include healthcare associated infection (HAI) coordinators and quality improvement professionals at the health care facility and jurisdictional levels in their activities, including planning, training, and exercises/drills.

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Notes:

1. List of Coalition Members must include full name of member and agency represented.
2. Per the FOA, an “active” HCC member is: “*an entity within the HCC’s defined boundaries that contributes to HCC strategic planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management.*”
3. Per the FOA, HCC’s not meeting the core membership requirements **are not allowed** to be funded by the awardee.

Source: FOA pg. 15, FOA pg. 54

This work plan activity remains mostly unchanged when compared to the previous budget period. The purpose of the HCC meeting is to provide the coalition members with preparedness information that impacts the region, trainings that are being offered to the coalition, trainings to be conducted by the coalition, and information sharing. It affords all the membership the opportunity to provide input on the various work plan activities, plan reviews, and evaluations that are required either quarterly or annually by the contracted work plan. This also provides an opportunity for the coalition to expand its membership by inviting organizations that fall into one of the seventeen provider types identified in the CMS’s Final Rule documentation. These meetings serve numerous functions and will be retained in the future.

The following are changes to this activity that were made for this budget period after it was determined in the previous budget period that adjustments were needed.

- Draft meeting minutes need to be shared with the HCC membership within **7 days** rather than 5 days. It is hoped that the additional time will allow for more information to be added to the minutes.
- KDHE Preparedness must be carbon copied (cc’d) or blind carbon copied (bcc’d) to validate this deadline was met. KDHE Preparedness needs to confirm that these drafts were shared within the 7-day timeframe. Without seeing the email string in the header, KDHE Preparedness will not be able to confirm that this information sharing took place.

Compliance requirements:

1. All HCC meetings need to be set up through KS-Train to meet the registration requirement.
2. The HCCs will need to make available alternate communications capabilities, namely webinars or conference calls, to facilitate opportunities for the entire HCC membership to attend the meetings.
3. The HCCs will need to maintain documentation to validate the attendance of the HCC membership.
4. Draft minutes will need to be provided to the HCC members **within 7 days** after the meetings. KDHE Preparedness must be included on that communication to validate compliance with this activity.
5. The HCCs will need to maintain copies of all meeting minutes for a period ***no less than five years***.
6. HCC Coordinators will need to record the distribution of meeting minutes on the KDHE TA form.
7. The coalitions will need to extend invitations, at a minimum, to each county emergency manager and public health department within the coalition boundaries to participate in the HCC.

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8. Contacted agency listings from these meetings will need to be provided quarterly to KDHE Preparedness.
9. The coalitions will need to provide KDHE Preparedness with a current list of active coalition members on or before **September 30, 2018**.
10. The coalitions will need to provide KDHE Preparedness with an updated active coalition member listing on or before **June 1, 2019**.
11. Coalitions will need to verify their core membership. Core membership is defined as *Hospitals* (2 acute care hospitals), *EMS*, *Emergency Management organizations*, and *Public Health organizations*.
12. The HCCs will need to include healthcare associated infection (HAI) coordinators and quality improvement professionals (QI) at the health care facility and jurisdictional levels in their activities. They will need to be included in all planning, training, and exercise/drill activities undertaken by the HCC membership to be compliant.

Item 2

Description of Task:

By **December 31, 2018** each Healthcare Coalition will review their current *Governance Structure Document* and make any revisions and/or updates as identified. Submit to KDHE a copy of the revised document or a letter stating the date the document was reviewed and that “no changes” were made.

Source: 2017-2022 Health Care Preparedness and Response Capabilities, pg. 13

The *HCC Governance Structure Document* is a living document much like the *HCC Preparedness Plan* and the *HCC Response Plan*. These documents are expected to change and evolve over time as a response to location changes, policy changes and personnel changes. The governance is another one of these documents.

This annual review is outlined in the FOA’s supporting documents. Per page 13 of the *2017-2022 Health Care Preparedness and Response Capabilities* states:

“... The HCC should specify how structure, process, and policies may shift during a response as opposed to a steady state. HCC members should adopt these elements and **be part of regular reviews.**”

On the same page of the same source, the fourth bullet of the “The HCC should document the following information related to its governance...” section reads:

“Policies and procedures, **including processes for making changes**, orders of secession, and delegation of authority.”

Compliance requirements:

1. The HCC will need to ensure that the updated governance or the “No Update” letter is submitted to KDHE Preparedness on or before **December 31, 2018**.
2. The HCC will need to document a review of their governance as part of the meeting minutes this activity was accomplished.

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3. The HCC will need to provide a copy of the signature sheet that validates the coalition membership participated in the review as part of the minutes submitted to KDHE Preparedness.
4. If the governance was updated, the final approved version needs to be provided to KDHE Preparedness for review. If the membership determines that updates are not required, a letter stating “no updates” that also includes the date of the meeting and a copy of the membership signature sheets validating this activity will need to be provided to KDHE Preparedness on or before the established due date.

Item 3

Description of Task:

By **March 30, 2019**, each HCC will develop and submit a *HCC Response Plan* using the KDHE provided **HCC Response Plan Template**.

Notes:

1. The template will be available on July 1, 2018.
2. The *HCC Response Plan Guidance Document* will be available on July 01, 2018.

Source: FOA pg. 29-30; Health Care Preparedness and Response Capabilities, pg. 27-28; 2018-2019 KDHE Response Plan Guidance Document

To remain compliant with the standardized Kansas emergency management practices, Kansas statutory requirements, and the requirements of the FOA, all HCCs must use the provided KDHE HCC Response Plan Template. It is imperative that this template and its accompanying guidance document be strictly adhered to maintain the proper balance between statutory restrictions and FOA requirements. Any response plan that is submitted in any other format or template will be summarily rejected without review and the HCC will have to remit the plan using the approved template. Again, the reasons for these measures is to remain fully compliant with Kansas statutory requirements.

The guidance document will be provided with the template on July 1, 2018. The plans are due to KDHE Preparedness on **March 30, 2019**. This will allow an extra 30 days review and corrections time for both KDHE Preparedness and the HCCs.

Compliance requirements:

1. The HCCs must ensure that they follow the provided *HCC Response Plan Template* and not deviate, alter, or modify this template in any way. Only this template will be accepted to complete this activity.
2. The HCC must ensure that all the identified required elements that can be found on pages 29-30 in the *FOA* and pages 27-28 of the *Health Care Preparedness and Response Capabilities* are addressed. The response plan guidance document should also be referred to.
3. As this is a benchmark activity, the HCCs will adhere to the contracted due date of **March 30, 2019** and ensure that this document is provided to KDHE Preparedness via the kdhe.preparedness@kd.gov email address. Submissions to any other database or collection, to include the CAT, will not be counted as not all KDHE Preparedness staff currently has access to the *Coalition Assessment Tool* database. KDHE Preparedness will review the submitted

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document and will supply the HCCs with a review outlining corrections or improvements that will need to be made to the document.

Item 4

Description of Task:

The HCCs will utilize de-identified EMPOWER data and information from *Agency for Toxic Substance and Disease Registry Social Vulnerability Index* to inform their planning efforts.

Notes:

1. By **December 31, 2018** and **June 1, 2019**, HCC representative(s) will download de-identified EMPOWER data from the *Agency for Toxic Substance and Disease Registry Social Vulnerability Index* on a semi-annual basis to ensure they have the most accurate data for planning purposes.
2. A screenshot copy of the downloaded data will need to be submitted to KDHE either at the time it is downloaded or included with the meeting minutes or the quarterly work plan.

Source: FOA pg. 20

This work plan activity repeats from the previous budget period. It represents a continuation and expansion of the use of the EMPOWER system to gain de-identified information that can be used in planning for the current budget period's strategic planning and to assess changes and trending that would have occurred between the two budget periods. The HCCs are to assign a representative to download the information on or before **December 31, 2018** and then again on or before **June 1, 2019**.

The coalitions will need to ensure that a screenshot of the information is taken at the time of the download and then submitted to KDHE Preparedness either at the time of the download, included in meeting minutes, or with the quarterly work plan update.

Compliance requirements:

1. The HCC will need to download and updated version of the de-identified EMPOWER data on or before **December 31, 2018** and provide to KDHE Preparedness in the form of a screenshot of the information.
2. The HCC will need to download and updated version of the de-identified EMPOWER data on or before **June 31, 2019** and provide to KDHE Preparedness in the form of a screenshot of the information.
3. In each case, a screenshot of the data will be provided to KDHE Preparedness either at the time of the download, attached to the meeting minutes, or as part of the quarterly update reporting provided these instances occur on or before the established work plan activity due dates.

Item 5

Description of Task:

- A. By **January 15, 2019** the Healthcare Coordinator with input from the HCC Executive Team will **update Forms 1-4 NLT** and/or upload all required information into the *Coalition Assessment Tool* (CAT). Upon completion of entry send an email to the kdhe.preparedness@ks.gov email stating that the information is entered and ready for review.
- B. By **June 1, 2018** the Healthcare Coordinator with input from the HCC Executive Team will **update Forms 1-4 NLT** and/or upload all required information into the *Coalition Assessment Tool* (CAT). Upon completion of entry send an email to the kdhe.preparedness@ks.gov email stating that the information is entered and ready for review.

Notes:

1. Redundant Drill information for Quarter 2 and Quarter 4 is what will be entered into the CAT.

The use of the *Coalition Assessment Tool* (CAT) will continue for this budget period. Updates to forms **1-4 NLT** as well as the additional CAT information need to be completed by the listed dates. Questions regarding the reporting that is needed for these forms are to be directed to kdhe.preparedness@ks.gov.

Compliance requirements:

1. The HCC will need to ensure that the Forms for the CAT are updated along with the required information needed for the assessment. This activity needs to be completed on or before **January 15, 2019** and **June 1, 2019**.
2. The HCC will notify KDHE Preparedness that the information is ready for review once the upload is completed.

Item 6

Description of Task:

By **May 31, 2019**, the Healthcare Coalition will complete an annual *Hazard Vulnerability Analysis* (HVA) to identify and plan for risks. The process includes but is not limited to the following:

- The HVA process should be coordinated with state and local emergency management organization assessments, such as THIRA, regional hazard mitigation plans, and any public health hazard assessments, including a jurisdictional risk assessment. The intent is to ensure completion, share risk assessment results, and minimize duplication of effort.
- The assessment components should include regional characteristics, such as risks for natural or manmade disasters, geography, and critical health and medical sector infrastructure.

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- The assessment components should address population characteristics, including demographics, and consider those individuals who might require additional help in an emergency including children, pregnant women, seniors, and individuals with access and functional needs, including people with disabilities and others with unique needs.
- The HCC should regularly review and share the HVA with all members; provide a copy to KDHE.

Source: FOA pg. 19

This work plan activity is a repeated activity from the Budget Period 1. Like the other plans that are reviewed, revised, and then shared, the HVA will be a repeating annual activity for the foreseeable future. Just as before, this activity can also be requested by the federal project officer (FPO) should there be a need to review the assessment changes between budget periods.

The coalitions will need to complete this assessment annually as to use the information gained from this process to help develop the training and objective focus for the following budget period. Identified gaps and challenges from the HVA can be addressed in future work periods by prioritizing them. This assessment is only one method that can be used to drive projects over the project period. The HVA should also be used to address gap updates for the preparedness plan review and update.

Compliance requirements:

1. A completed HVA needs to be presented to KDHE Preparedness on or before **May 31, 2019**.
2. The HCC will need to show collaboration and coordination with other state and local emergency management organizations. Such assessments would include the THIRA, regional hazard mitigation plan and any of the public health hazard assessments. Validation for this activity would include sign-in listing for meetings that included the emergency management and public health representatives to discuss and offer input to the HVA.
3. The assessment needs to include regional characteristics as defined in the work plan activity language.
4. The assessment will need to include how population characteristics will impact activities as defined by the work plan activity language.
5. The HCC will need to provide a date the HVA was shared with the member organizations once updates are completed. The updated HVA will also need to be provided to KDHE Preparedness.
6. This information will be available to the federal project officer if it is requested.

Item 7

Description of Task:

By **May 31, 2019**, each HCC will complete a *Resource Assessment* using the information outlined below and provide a copy to KDHE.

- Identify health care resources and services at the jurisdictional level that could be coordinated and shared.
- Identify health care resources and services at the regional level that could be coordinated and shared.

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- Identify any notated gaps in the HVA
- Each HCC must be capable of tracking this information.
- Information must be shared with all members of the HCC by **June 30, 2019**.

Source: FOA, pg. 19-20

This resource assessment will be used to gauge what health care resources and services are available to the HCCs across the state. It allows the coalitions a look at what is available at the jurisdictional levels and the regional levels. It also serves to help the membership organizations identify resource gaps within their jurisdictions and allows the rapid identification of resource gaps across their area. This assessment is important because of the need to identify the substantial resource gaps which will impact preparedness. While those resources that fall into capital equipment, the HCC will need to devise a tracking method for all the resources within its region and then manage that tracking system.

This work plan activity is a benchmark activity as KDHE will be expected to share these resource assessments with the federal project officer as well as ASPR. Care must be taken to remain fully de-conflicted with Kansas statute which governs emergency management practices in coordinating and directing health care resources.

Compliance requirements:

1. The HCC will need to complete the *Resource Assessment* no later than **May 31, 2019**. A copy of the final assessment needs to be provided to KDHE Preparedness on or before that date.
2. The coalition leadership need to share this finalized information with their membership organization on or before **June 30, 2019**. KDHE Preparedness will need to be included in the final notification.
3. The assessment needs to identify health care resources and services at the jurisdictional level that could be coordinated and shared.
4. The assessment needs to identify health care resources and services at the regional level that can be coordinated and shared.
5. The HCC will need to outline the method of resource tracking it plans to employ. An example of that method will be provided to KDHE Preparedness with the completed HVA on or before **May 31, 2019**.
6. The HCC will provide compliance validation to KDHE Preparedness that the approved resource assessment, along with the approved HVA was shared with the coalition member organizations on or before **June 30, 2019**.

Item 8

Description of Task:

The Healthcare Coalitions will participate in redundant communications drills to facilitate information sharing practices.

- Ensure that appropriate HCC organizations have ready access to forms of redundant communication.
- Conduct quarterly drills with primary and backup communication systems.

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- Drill information will be provided to KDHE Preparedness Program on the KDHE approved *Drill Template* within **10 days** of completing the drill. A template must be completed for each HCC member.
- The training of multiple people at each agency must be completed and a record of the training dates and types of training maintained.

Source: FOA pg. 37; HPP-PM pg. 27-31

This work plan activity is a repeat from the previous budget period. Results of these drills should be used to help identify gaps and challenges, which in turn could be applied to the preparedness plan revisions and the response plan. The results can also help the HCCs focus time on training or system expansion if it is warranted. Effort should be made to rotate which available systems are being drilled. This will help develop a better picture of what is needed for training and expansion within this arena. Quarterly drills are still required, and the drill information recorded on the KDHE approved *Drill Template* is still mandated. The HCC will have **10 days** to provide a completed template for each of the HCC members that participated in the drill.

Compliance requirements:

1. The HCCs need to ensure that the approved KDHE *Communications Drill template* is used for this activity.
2. The HCCs will ensure that an internal use drill template is created for each participating HCC member organization that took part in the drill.
3. The HCCs will need to ensure that the approved drill template is provided to KDHE Preparedness within **10 days** of the drill being conducted.
4. Training for communications will need to be recorded and maintained by the HCC in the event supplemental information is requested by Compliance or by KDHE's federal partners.

Item 9

Description of Task:

- Healthcare Coalition must participate in an annual Healthcare Coalition Surge Test utilizing the ASPR developed *Coalition Surge Test Tool*.
- By **April 30, 2019** the Surge Test must be conducted.
- By **May 30, 2019** all supporting documentation from the Coalition Surge Test must be submitted to the KDHE Exercise Coordinator and KDHE Preparedness; KDHE.preparedness@ks.gov
- All HCC members who conduct exercises will include evacuation, transportation and relocation concerns/discussions within their exercises. The effectiveness of the evacuation, transportation and relocation plans will be documented in Coalition Surge Test Documentation.
- The HCC must engage its members' *health care executives and other members' executives* in debriefs ("hot washes") related to exercises, planned events, and real incidents. Documentation of their engagement/participation will be submitted to KDHE within **30 days** of the completion of the debrief.

Source: FOA pg. 49-50; HPP-PM pg. 32-49

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The Coalition Surge Test is an annual activity of the cooperative agreement for this project period. A continued emphasis of the surge test continues ensuring that the testing includes evacuation, transportation, and relocation concerns within the exercises. There is also an emphasis to ensure that the organization leadership is also involved by having the requirement that the health care executives and other executives are part of the debriefings. These both stress the importance knowing what the processes will be needed to evacuate and relocation patients should the need arise. This also allows the health care leadership a chance to see those processes at work as well as the others who would participate in this activity.

The coalitions will need to use the ASPR approved *Coalition Surge Test Tool*. Only the ASPR approved tool will be accepted by KDHE Preparedness. All other templates or formats will be rejected, and the HCC will need to resubmit the information on the approved tool to receive credit. The sign-in sheets from the debriefings in which the health care executives took part in are due to KDHE Preparedness within **30 days** after that debriefing.

When planning this budget period's surge test, it is recommended that the HCCs refer to the gaps and challenges that were apparent in the previous budget period's surge test and apply corrective changes to the identified processes and procedures. Only through repeated drilling and testing can operations like this be carried out effectivity and efficiently.

Compliance requirements:

1. All surge tests need to be completed on or before **April 30, 2019**.
2. All surge test supporting documentation will need to be provided to the Exercise Coordinator and KDHE Preparedness on or before **May 30, 2019**.
3. The HCCs will also ensure that the health care executives and other member executives are involved in debriefings. Documentation of these debriefings will be validated by sign-in sheets from the meeting and are due to KDHE Preparedness no later than **30 days** after the briefing.
4. The HCCs will ensure that only the ASPR approved *Coalition Surge Test Tool* is used when documenting the test results. Any other test reporting format will not be excepted for credit by KDHE Preparedness.

Item 10

Description of Task:

Hospital members of the HCC will participate in periodic HAvBED drills initiated by KDHE Preparedness.

Source: FOA pg. 50-51

The hospital members of the HCCs will need to participate in HAvBED drills that KDHE Preparedness launches to expand and develop *Immediate Bed Availability* (IBA). When planning, the HCCs and their members will need to refer to pages 50-51 of the FOA regarding the considerations and focus for the HAvBED drills. The results of these drills should also be applied towards the planning and revision of the surge tests since they are related and often can be drilled together.

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As these drills will be initiated by KDHE Preparedness, more information will be provided as to before the drills are conducted.

Compliance requirements:

1. The HCCs will need to inform their member hospitals to participate in the HAvBED drills. The HCCs will provide a listing of the hospital members who were contacted in reference to participating in these KDHE initiated drills.
2. The HCC Coordinator will ensure that all HAvBED drill requests made during the coalition meetings be referenced within the coalition meeting minutes.
3. Drill participation will be managed by KDHE Preparedness.

Item 11

Description of Task:

On Date **TBA** the Healthcare Coalition Coordinator must attend the annual Training and Exercise Planning Workshop to update the KDHE *Multi-Year Training and Exercise Plan* (MYTEP).

The MYTEP for this year will be scheduled towards the end of the budget period in to plan for the following budget period. All coordinators will be required to attend this event and need to plan accordingly. This event will be conducted at KDHE in Topeka. Attendance will be validated with sign-in sheets. This will be the opportunity for the coordinators to speak with the Preparedness staff regarding training opportunities, training plans, and received updated exercise information.

This meeting will be developed by the Training Coordinator and the Exercise Coordinator and will be announced once it has been finalized and available on KS-Train.

Compliance requirements:

1. The coordinators will need to attend this event to be compliant with this work plan activity. Meeting date and agenda will be announced once the meeting plan is finalized.
2. The coordinators will need to ensure that they sign up for this meeting on KS-Train to receive full credit for attending these trainings and are encouraged to monitor KS-Train for this meeting after KDHE Preparedness announces the meeting date.
3. Coordinators should expect this meeting to take place either late in the third quarter or during the fourth quarter.

Item 12

Description of Task:

Upon request, the Healthcare Coalition Coordinator will assist the KDHE Preparedness Program Training Coordinator in scheduling all trainings that KDHE will be providing for the Coalition members.

Source: Administrative

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For the coordinators to remain involved in most if not all the various facets of the coalition, they may be asked to assist the KDHE Training Coordinator with arranging training that the coalition will be involved in. This could range from assisting with gathering training materials to assisting with acquiring a venue. This helps to establish a relationship between the coordinator and KDHE Preparedness.

Compliance requirements:

1. Be prepared to assist the KDHE Training coordinator if the need arises.
2. Any assistance rendered by the coordinator should be recorded on the KDHE TA template and reported quarterly.

Item 13

Description of Task:

Healthcare Coalition will assist members with NIMS implementation:

- Ensure that all Healthcare Coalition Leadership receives the appropriate NIMS Training (Records available upon request)
- Make available to all Healthcare Coalition Members the opportunity to receive NIMS Training and participate in exercises to practice this training.
- Make available to all Healthcare Coalition Members the opportunity to receive assistance incorporating NIMS into their emergency operations plans.
- When Technical Assistance is provided ensure that the name of the person and the agency are noted on the Technical Assistance Form.

Source: FOA pg. 28-29

NIMS training is an on-going process. Staff turn-over is the largest reason for this activity to remain as a continual work plan activity. The coordinators will need to assist the member organizations with ensuring that the NIMS courses taken are appropriate and correct for that member type. Once the course types are identified, the coordinators may be called upon by the members to help identify which courses need to be taken depending on the ICS position held. In all cases, the coordinators need to stress the importance of maintaining these course documents as confirmation the identified staff members completed them. Remember, all documentation generated as outcomes by the work plan activities are subject to audit and review by the KDHE Preparedness Grants Compliance coordinator or by another authorized agency.

Compliance requirements:

1. The Coordinator will need to ensure the leadership of the coalition receives the appropriate NIMS training as defined by the ICS position held by the leadership members.
2. The Coordinator will need to ensure that the certificates from the training is available upon request, per work plan item 14. Certificate copies can be provided to KDHE Preparedness for review as they are completed or no later than **06/30/2019**.
3. The Coordinator will need to ensure that all the coalition membership receive assistance incorporating NIMS into their local emergency operations plans.

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4. The Coordinator will need to ensure that all members who were aided are recorded by name and agency on the Technical Assistance Form.

Item 14

Description of Task:

Healthcare Coalition Members will provide to KDHE Preparedness, all information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the *2017-2022 Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement*. Identified information will be requested as needed.

Source: FOA pg. 68-71; HPP Performance Measures Implementation Guide

This work plan item permits KDHE Preparedness to make requests for additional documentation that is directly related to the performance measures, benchmarks and other information for the 2017-2022 Hospital Preparedness Program- Public Health Emergency Preparedness Cooperative Agreement. Request may include but will not be limited to:

- Additional supporting documents for compliance or justification.
- Statistical information regarding a work plan activity or activity outcome.
- Additional reporting requirements directed by KDHE Preparedness Director or KDHE Leadership.
- Additional reporting requirements directed by the federal project officer or project leads.

As stated, the information requested will be related to either the activities of the work plan activities, activities defined in the FOA or its supplemental documents, or activities regarding fiscal activities associated with this cooperative agreement.

Compliance requirements:

1. The coalition membership will need to provide the requested information quickly if asked for by KDHE Preparedness.

2.2 Budget Period Benchmarks

At this time there are six benchmarks that must be completed during this budget period. Details regarding these activities can be found in the *Work Plan Overview* above. These benchmarks are:

Item 3- By **March 30, 2019**, each HCC will develop and submit a *HCC Response Plan* using the KDHE provided *HCC Response Plan Template*.

Item 4- The HCCs will utilize de-identified EMPOWER data and information from Agency for Toxic Substance and Disease Registry Social Vulnerability Index to inform their planning efforts. Screenshots of these activities will need to be sent to KDHE Preparedness on or before December **31, 2018** and **June 1, 2019** (FOA pg. 20)

Item 5- The Healthcare Coordinator with input from the HCC Executive Team will update forms 1-4 NLT and/or upload all required information into the Coalition Assessment Tool (CAT). These updates

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will need to be completed on or before **January 15, 2019** and **June 1, 2019**. KDHE Preparedness will need to be notified by email once each is completed.

Item 6- By **May 31, 2019**, the HCC will complete an annual HVA to identify and plan for risks. The assessment will need to include the items listed in the work plan activity and the elements listed on page 19 of the FOA.

Item 7- By **May 31, 2019**, each HCC will complete a *Resource Assessment* and provide a copy to KDHE.

Item 9- By **April 30, 2019**, Healthcare Coalition must participate in an annual Healthcare Coalition Surge Test utilizing the ASPR developed Coalition Surge Test Tool. Documentation due to KDHE Preparedness on or before **May 30, 2019**.

2.3 Budget Period Deadlines

The listed deadlines for this budget period are limited to the following activities. For each work plan item's details and compliance requirements, please refer to the *Work Plan Overview*:

Item 1: The Healthcare Coalition will host a minimum of quarterly meetings of the regional healthcare coalition to continue development of essential partner/core memberships from the region's healthcare organizations and response partners, share planning resources and best practices, share interagency and interdisciplinary training opportunities and share interagency and interdisciplinary exercise and evaluation opportunities.

1. Due date: Comprehensive list of current coalition members: **September 30, 2018**.
2. Due date: Updated list of coalition members: **June 1, 2019**.
3. Due date: Quarterly reporting that includes compliance the listed elements of the work plan activity.: **Updated quarterly**

Item 2: Each Healthcare submit to KDHE a copy of the revised document or a "no changes" letter are due to KDHE Preparedness on or before **December 31, 2018**.

Item 3: The HCC Response Plans using the provided *KDHE Response Plan Template* are due to KDHE Preparedness on or before **March 30, 2019**.

Item 4: The HCCs' de-identified EMPOWER data screenshot are due to KDHE Preparedness on the following dates:

1. Due date: screenshot of downloaded EMPOWER de-identified data on or before **December 31, 2018**.
2. Due date: screenshot of downloaded EMPOWER de-identified data on or before **June 1, 2019**.

Item 5: The Healthcare Coordinator updates to **forms 1-4 NLT** and/or upload all required information into the *Coalition Assessment Tool* (CAT) as follows:

1. Due date: Quarters 1 and 2: **January 15, 2019**
2. Due date: Quarters 3 and 4: **June 1, 2019**

Item 6: The Healthcare Coalition Annual Hazard Vulnerability Analysis is due to KDHE Preparedness on or before **May 31, 2019**.

Item 7 – Deadlines for the HCC Resource Assessments are as follows:

1. Due date: Resource assessment to KDHE Preparedness: **May 31, 2019**.
2. Due date: Shared with HCC membership: **June 30, 2019**.

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Item 9 - Deadlines for the annual Healthcare Coalition Surge Test are on the following dates:

1. Due date: Conducted by: **April 30, 2019**
2. Due date: Supporting documents to KDHE: **May 30, 2019**
3. Due date: **30 days** from reported date of debrief session with health care executives and other executives.

3. Summary

This document will hopefully provide the contracted coordinators and the healthcare coalition member organizations the information needed to be successful during this budget period.

Communication is a key to any success venture and this guidance document has provided the needed information required to be compliant with the budget period 1 supplemental work plan activities.

A few keys points to remember are:

- *Time management*- a majority of the work plan activities have due dates that are required by the federal project officers to be kept. Missing a deadline could result in a punitive action being levied against the coalition.
- *Document retention*- all documents that are generated as part of the completion of these work plan activities are to be legitimate outcomes that can be requested for review or audit. It is important that these documents be maintained either in a hardcopy or digital form for no less than **5 years**, so they can be called upon to show compliance if needed.
- *Work plan instructions*- there is an increased burden of validation on KDHE Preparedness to ensure that the cooperative agreement funds is being spent to further preparedness. This also includes ensuring that the activities are completed per the directions of the FOA or its associated supplemental documents. In the case of one of the work plan activities, there is Kansas statute and related practices that must be strictly adhered to. The instructions are provided to keep the coalitions properly de-conflicted with the state law and still meet the intent of the FOA objective. **Questions regarding these stipulations need to be directed to KDHE Preparedness staff before anyone else** due to legality issues that might arise from violating Kansas statute.
- *Communication*- the member organization are encouraged to contact their coordinator or KDHE Preparedness if they are seeking clarification on an activity or an answer regarding procedure. All questions are welcome and will be answered accordingly. If there is a answer that can't be answered by KDHE Preparedness, the federal project officer will be queried. The Preparedness staff can't answer a question if it is not asked nor can they guess at what the questions might be.

As always, KDHE Preparedness stands ready to assist our sub-awardees and outside agency stakeholders in understanding and interpreting the budget period requirements and the work plan activities.

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The 2018-2019 KDHE Preparedness Team

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Appendix A

Guidance Document Glossary

Affidavit of Expenditure (AOE) - A form that indicates the partner's intention to spend Grant funds and in what manner. These are usually followed up on with invoices to prove that the monies were spent.

Awardee or Pass-Through Entity – is the eligible entity, in this case KDHE, that carries out an approved project or activity in support of a public purpose and not the direct benefit of the government. KDHE manages oversight on this cooperative agreement as well as provides direction and monitors progress of the activity in its entirety.

Budget Period (BP) - a 1-year period that goes from 1 July to 30 June. 5 budget periods typically make up one Project Period (PP).

Centers for Disease Control and Prevention (CDC) – the managing agency for the Public Health Emergency Preparedness program (PHEP) which is part of the cooperative agreement.

Compliance - Compliance is an evaluation by a compliance coordinator to assess an institution's business and financial management systems to ensure that established regulations and policies are being followed by either the institution or its external partners. ***Compliance is also the term used to describe KDHE's Preparedness Program's Compliance Program and or the Program Coordinator.***

Compliance in Real Time (CRT) – is a real time monitoring feature of PCACP which allows for quarterly reviews of work plan activity progress or review of work plan activities that have a deadline requirement as defined by the work plan activity and the FOA.

Compliance Review/Audit- A Review or audit of the partner's adherence to the requirements of the work plan and the partner's fiscal accountability as defined by the HPP and PHEP Cooperative Grant. Reviews will be performed at least once annually and is broken into the PHEP Review and HPP/HCC Review. A Review may be conducted if the partner's historical trending mandates an out-of-cycle Review. The same condition may apply with the term of ***Compliance Audit***. ***Note- change with the new project period may necessitate the need to use the term review to reflect an un-focused snapshot of the sub-recipient's progress and audit to reflect the annual compliance requirement.***

Cooperative agreement - is an agreement in which the Federal Government provides funding, or a thing of value authorized by public statute and the government plays a substantial role. A cooperative agreement is a form of assistance. It reflects a relationship between the U.S. Government and a recipient.

Department of Health and Human Services (HHS)- serves to enhance and protect the health and well-being of all Americans. This mission is fulfilled by providing effective health and human services and fostering advances in medicine, public health, and social services.

External Partners- Any entity that accepts federal funding under the HPP and PHEP Cooperative Grant and is charged with Preparedness for a Community Hospital, Healthcare Coalition management, Local Public Health Department or Public Health Region. These entities will be referred as ***External Partners, Partners sub-awardees or, as decreed by the language of the new project period: sub-recipient.***

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Finding(s) - An identified or observed short coming or oversight in fulfilling the requirements of a regulation, policy or procedure. Findings can either be identified by the external partner as a way to acknowledge an existing oversight or problem or can be discovered by Compliance during the course of a Review.

Funding Opportunity Announcement (FOA) - is a notice in *Grants.gov* of a federal grant funding opportunity. Also known as a ***Notice of Funding Opportunity Announcement*** or ***NoFO***.

Hospital Preparedness Program (HPP) - This program provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. It also represents the preparedness effort that is conducted at the community hospital level and at the level of a larger healthcare community or coalition.

Homeland Security Exercise and Evaluation Program (HSEEP) - provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response, and recovery.

Kansas Department of Health and Environment (KDHE) – is the Kansas agency that is the designated pass-through agency for the cooperative agreement. KDHE, as the awardee, is charged with executing and managing the requirements of the cooperative agreement for the state’s sub-awardees.

Kansas Division of Emergency Management (KDEM) – is a division of the Kansas Adjutant General’s Office charged with managing disasters within the State. This is emergency management division is supported by state statute.

Notice of Award (NoA) - is the legal document issued to notify the grantee that an award has been made and that funds may be requested from the designated HHS payment system or office. The NoA is issued for the initial budget period and each subsequent budget period in the approved project period

Notice of Funding Opportunity (NoFO) - is a notice in *Grants.gov* of a federal grant funding opportunity. Also known as a ***Funding Opportunity announcement*** or ***FOA***.

Office of the Assistant Secretary for Preparedness and Response (ASPR) -

Preparedness Cooperative Agreement Compliance Program (PCACP) - The evolution of the program formerly known as the Grants Compliance Review Program or GCRP. Name change reflects the shift of the funding being referred to as a “cooperative agreement: rather than a “grant”. The designation change also marks the changes implemented for the new project period and the build number.

Preparedness Cooperative Agreement Funding Agreement - also referred to as *the Preparedness Grant Funding Agreement*.

Project Period (PP) - typically a five year period of work plan covered by the requirements of a single FOA.

Public Health Emergency Preparedness Program (PHEP) -

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Sub-awardee – are made up of the local health departments, regional PHEP regions, and the healthcare coalitions within the boundaries of the State of Kansas. They are non-Federal entities that expend Federal awards received from a pass-through entity to carry out a Federal program but does not include an individual that is a beneficiary of such a program.

Work Period - see ***Budget Period***.

Work Plan - is an outline of a set of goals and processes by which a team, organization, and/or person can accomplish those goals and offering a better understanding of the scope of the project.

Work Plan Activity – are the objectives of the work plan. They are comprised of one or more tasks that need to be completed to complete the activity.

Appendix B

References and Resources

From KDHE

The Kansas Department of Health and Environment
<http://www.kdheks.gov/>

KDHE Preparedness
<http://www.kdheks.gov/cphp/index.htm>

KDHE Preparedness: HPP Resources
http://www.kdheks.gov/cphp/hospital_resources.htm

KDHE Preparedness: Healthcare Coalitions
<http://www.kdheks.gov/cphp/hcc.htm>

KDHE Preparedness: Standard Operating Guides (SOGs)
http://www.kdheks.gov/cphp/operating_guides.htm

KDHE Preparedness: HSEEP Exercise Template
<http://www.kdhe-exercises.org/Operations-BasedExercises.htm>

KDHE Preparedness: Exercise Library
<http://www.kdhe-exercises.org/ExerciseLibrary.htm>

KDHE Preparedness: PCACP-CRT Quarterly Audit Tool
<http://www.kdheks.gov/cphp/download/PCACPCRT-qtraudit-201722.pdf>

KDHE Preparedness Performance Tracking and Annual Scorecard Template-PHEP
<http://www.kdheks.gov/cphp/download/2018-19-ProgrammaticTracker-PHEP.PDF>

KDHE Preparedness Performance Tracking and Annual Scorecard Template-Regional PHEP
<http://www.kdheks.gov/cphp/download/2018-19-ProgrammaticTracker-PHEPR.PDF>

KDHE Preparedness Performance Tracking and Annual Scorecard Template-HCC
<http://www.kdheks.gov/cphp/download/2018-19-ProgrammaticTracker-HCC.PDF>

KDHE Preparedness Performance Tracking and Annual Scorecard Template-CRI
<http://www.kdheks.gov/cphp/download/2018-19-ProgrammaticTracker-CRI.PDF>

KDHE Approved HCC Response Plan Template
http://www.kdheks.gov/cphp/operating_guides.htm

KS-HAN: Everbridge Log on
<https://manager.everbridge.net/login>

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KS-TRAIN

<https://www.train.org/ks/home>

CRMCS Home page

<http://kansas.responders.us/>

From the Federal Partners

Office of the Assistant Secretary for Preparedness and Response (ASPR)

<https://www.phe.gov/about/aspr/pages/default.aspx>

ASPR-TRACIE (Technical Resources Assistance Center Information Exchange)

<https://asprtracie.hhs.gov/>

2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701

(PDF)

https://www.cdc.gov/phpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf

2017-2022 Health Care Preparedness and Response Capabilities (PDF)

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

2017-2022 Hospital Preparedness Program: Performance Measures Implementation Guidance (PDF)

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hpp-pmi-guidance-2017.pdf>

Coalition Surge Test: An exercise for Assessing and Improving Health Care Coalition (PDF) Readiness

<https://www.phe.gov/Preparedness/planning/hpp/Documents/cst-manual-020717.pdf>

PHEP Performance Measures Specifications and Implementation Guidance (PDF)

https://www.cdc.gov/phpr/readiness/00_docs/Final-PHEP-Fiscal-Year-2017-Funding_ac.pdf

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